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|--|-----------------------------------|--|-----------------------|--|-------------------------------------|---|---------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|--------|--|----------------|--|--------|--|--------|--|
| Client No. 2036 | | Client Name O.H. Materials | | | | Location 1002 OSWEGO ST. LITCA, NY | | Date 8/8/87 | | | | | | | | | | | |
| Facility Equipment N/A | Detect Clock No. N/A | Weapon No. N/A | Holster N/A | Nightstick N/A | Raincoat 1 | Flashlight 1 | Other Log Book/2 Keys/RADIO | | | | | | | | | | | | |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | Officer—Day Shift (Name) Kenneth Frelif | | | | Officer—Swing Shift (Name) GEORGE, JOHN D | | Officer—Grave Shift (Name) David Harter | | | | | | | | | | | |
| Shift Began 8:00 PM Ended 4:00 AM | | Shift Began 4:00 PM Ended 12:00 AM | | Shift Began 0000 AM Ended 0800 AM | | | | | | | | | | | | | | | |
| Observations or actions taken | Yes | No | Explanation | | Yes | No | Explanation | | Yes | No | Explanation | | | | | | | | |
| Rounds or stations missed | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Unlocked doors, gates or windows | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Unlocked vaults or safes | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Fire-smoke-or hazards | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 1. Extinguishers missing or defective | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 2. Sprinkler system defective | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 3. Fire doors or exits blocked | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 4. Rubbish accumulation | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 5. Motors running | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| 6. Lights left burning | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | TURND ON NITE LITE 2030 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | AS needed Nite Lites | | | | | | | | |
| Injury hazards | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Visitors (35 John White - Tullowen) 1150 - Tullowen) | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Cpt Miller Centuron Security | | | | | | | | |
| Trespassing | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Violation of company rules | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | | | | | | | | | |
| Remarks Radio is now holding charge. | | | | | | | | | | | | | | | | | | | |
| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | | | | | | | | | | | | | |
| 1. Were you injured during this tour? | | Day Shift 1. | | 2. | | 3. | | Swing Shift 1. | | 2. | | 3. | | Grave Shift 1. | | 2. | | 3. | |
| Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | |
| 2. Did you suffer any illness? | | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | |
| 3. Have you reported all accidents coming to your attention? | | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | | Yes No | |
| Signatures | | 1. | | 2. | | 3. | | 1. | | 2. | | 3. | | 1. | | 2. | | 3. | |
| Michael M. Miller Cpt | | Kenneth Frelif | | John D. George | | | | David Harter | | | | | | | | | | | |
| 12:05 A | | | | | | | | | | | | | | | | | | | |
| Signatures | | 2. | | 3. | | | | 2. | | 3. | | | | 2. | | 3. | | | |
| Signatures | | 3. | | | | | | 3. | | | | | | 3. | | | | | |

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